

ector's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11	Monday 01/10/11	Tuesday 01/11/11	Wednesday 01/12/11	Thursday 01/13/11	Friday 01/14/11	Saturday 01/15/11
bett, Kate 61000 Employee Signature	Day: In - Out		7:40 3:10	7:30 3:30		7:25 2:55	7:50 2:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30		12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
			0.5hr Vacation		SND		0.5hr Vacation	1W Vacation
jardins, Stacey 0-9745 Employee Signature	Day: In - Out		8:25 4:25	7:10 5:10		7:15 4:45	7:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30		12:00 12:30		
	Outside Duty: From - To							9:45
			2.0hr OT	SND	1.5hr OT	middlesey Sup.		
okhan, Annie 61000 Employee Signature	Day: In - Out		5:45 4:00	6:45 4:15	6:45	6:45 4:15	6:45 4:00	
	Lunch: Out - In		12:00 12:30	12:00 12:30		12:00 12:30		
	Outside Duty: From - To							9:45 2:00
			1.25 OT	1.5 hr OT	SND	1.5 OT	1.25 OT	middlesey Sup.
isca, Daniela 61000 Employee Signature	Day: In - Out		6:45 5:45	6:45 4:45	6:45	6:45 2:45		
	Lunch: Out - In		1:00 1:30	1:00 1:30		1:15 1:45		
	Outside Duty: From - To							
			3.0hr OT	2.0hr OT	SND		middlesey SND	

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Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11	Monday 01/10/11	Tuesday 01/11/11	Wednesday 01/12/11	Thursday 01/13/11	Friday 01/14/11	Saturday 01/15/11
zzer, Lisa 61000 Employee Signature	Day: In - Out		6:45	3:30	6:45	2:45		
	Lunch: Out - In		12:00	12:30	12:00	12:30		
	Outside Duty: From - To		6:00 12:00	3:30				
	Document exceptions or comments, indicate type and amount.		0.75 Comp earned			SNO		
Mer, Michael 61000 Employee Signature	Day: In - Out		6:25	4:25	8:00	6:00		
	Lunch: Out - In		11:00	2:00	11:00	2:00		
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.			OT 2.0		SNO	OT 1.5	
Dina, Nicole 61000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.			MUN		MUN	MUN	MUN
Iren, Elisabeth 61000 Employee Signature	Day: In - Out		7:30	4:30	7:30	2:30		
	Lunch: Out - In		11:30	12:00	11:30	12:00		
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.		VAC 0.5			SNO		

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Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11	Monday 01/10/11	Tuesday 01/11/11	Wednesday 01/12/11	Thursday 01/13/11	Friday 01/14/11	Saturday 01/15/11
lips, Gloria 61000	Employee Signature <i>DLS</i>	Day: In - Out						
		Lunch: Out - In						
		Outside Duty: From - To						
Document exceptions or comments, indicate type and amount.								
<i>Peter</i> 61000	Employee Signature <i>Peter</i>	Day: In - Out	645 515	645 645		645 545	655 608	645 545
		Lunch: Out - In	12 1230	12 1230		12 1230	12 1230	12 1230
		Outside Duty: From - To						
Document exceptions or comments, indicate type and amount.								
<i>D. Cz</i> 61000	Employee Signature <i>D. Cz</i>	Day: In - Out	OT 2.5	OT 4.0		OT 3.0	OT 3.0	OT 7.5
		Lunch: Out - In	1200 1230	1200 1230		1200 1230	1200 1230	
		Outside Duty: From - To		Shattuck 840 1000				
Document exceptions or comments, indicate type and amount.								
<i>Shirley</i> 61000	Employee Signature <i>Shirley</i>	Day: In - Out	915 515	915 515 915		915 575	915 515	
		Lunch: Out - In	100 130	100 130		100 130	100 130	
		Outside Duty: From - To						
Document exceptions or comments, indicate type and amount.								

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Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11		Monday 01/10/11		Tuesday 01/11/11		Wednesday 01/12/11		Thursday 01/13/11		Friday 01/14/11		Saturday 01/15/11	
Fan, Zhi 161000 Employee Signature	Day: In - Out			6:45	8:45	6:45	8:45			6:45	8:45				
	Lunch: Out - In			12:00	12:30	12:00	12:30			12:00	12:30				
	Outside Duty: From - To														
cument exceptions or comments, indicate type and count.															
Fan, Mai 161000 Employee Signature	Day: In - Out			8:30	2:30					9	3				
	Lunch: Out - In														
	Outside Duty: From - To														
cument exceptions or comments, indicate type and count.															
Folli, Janice 61000 Employee Signature	Day: In - Out			6-4-8:05	4:05					8:10	4:10	8:15	4:15		
	Lunch: Out - In			1-13:0	13:0	2-				1-13:0	1-13:0				
	Outside Duty: From - To														
cument exceptions or comments, indicate type and count.															
Folk, OIG_PRR_002775 Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
cument exceptions or comments, indicate type and count.															

Folk, OIG_PRR_002775

rector's Signature:

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Time Log/Program / Area: 2046- Fiscal Services

Week Ending: January 15, 2011

Employee Name:		Sunday 01/09/11		Monday 01/10/11		Tuesday 01/11/11		Wednesday 01/12/11		Thursday 01/13/11		Friday 01/14/11		Saturday 01/15/11	
lemi, Charles 61000 Employee Signature	<i>Charles Lem</i>	Day: In - Out		950	605					105	545				
		Lunch: Out - In		1305	1250					1205	1240				
		Outside Duty: From - To													
		Document exceptions or comments, indicate type and unit.		MOSRS 7.5		SNO		VAC 0.5		CIA 12/24					
inders, Della 61000 Employee Signature	<i>Della Inders</i>	Day: In - Out								6:45	2:45	6:45	6:45	6:45	2:45
		Lunch: Out - In								1:25	1:55	1:30	2:00	1:30	2:00
		Outside Duty: From - To													
		Document exceptions or comments, indicate type and unit.		VAC 7.5		SIC 7.5		SNO		OT 40 hrs		OT 7.5 hrs			
		Day: In - Out													
		Lunch: Out - In													
		Outside Duty: From - To													
		Document exceptions or comments, indicate type and unit.													
		Day: In - Out													
		Lunch: Out - In													
		Outside Duty: From - To													
		Document exceptions or comments, indicate type and unit.													

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 10 - January 15, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog
of samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: C. Salem Date: 1/13/11

Department Head: _____ Date: _____

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Stacey Desjardins	342343	3.5	Andrea Kazakowski	297673	128
Annie Dukhan	275153	5.5	Zhi TAN	148724	7.5
Daniela Frasca	241373	5.0	Della Saunders	147387	11.5
Michael Lawler	170459	11.0			
Perke Ren	138684	30.0			